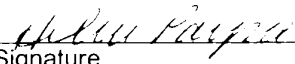


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Aventis Docket Number <b>ST98032</b>										
In re Application of <b>Bran Illec et al</b>												
Application Number	<b>09/787,995</b>	Filed <b>March 23, 2001</b>										
For <b>USE OF SPECIFIC HYBRID PROMOTERS FOR CONTROLLING TISSUE EXPRESSION</b>												
Group Art Unit	Examiner											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension fees are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 40%; text-align: right;">\$ <b>110.00</b></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ <b>400.00</b></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ <b>920.00</b></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ <b>1,440.00</b></td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ <b>1,960.00</b></td></tr></table> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>18-1982</b>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="padding-left: 100px;"><input type="checkbox"/> applicant.</p> <p style="padding-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record (Customer No. 005487).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u><b>December 7, 2001</b></u></p><p>Date</p></div><div style="width: 45%; text-align: center;"><p> Signature</p><p><b>T. Helen Payne, Reg. No. 36,889</b> Typed or Printed Name</p></div></div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <b>110.00</b>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <b>400.00</b>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <b>920.00</b>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <b>1,440.00</b>	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <b>1,960.00</b>
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <b>1,440.00</b>											
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <b>1,960.00</b>											